	<p>STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH</p> <p><i>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT</i></p>	ATTACHMENT
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1.0 General Report Overview

The State Services Utilization, Reconciliation and Cash Analysis report will be used for

- Reconciliation of State Facility utilization between CMHSP and MDCH records
- Reconciliation of the expenditures reported on the FSR to the cost of State Facility utilization
- Comparison of the State Facility authorization to the State Facility cost
-
- Analysis of cash payments made to MDCH to the liability for State Facilities

2.0 Report - Due Dates

The State Services Utilization, Reconciliation and Cash Analysis report is due

<u>Report Period</u>	<u>Report Type</u>	<u>Due Date</u>
October 1 – June 30	Nine Month (3 rd quarter)	August 15 th
October 1 – September 30	Projection	August 15 th
October 1 – September 30	Interim	November 10 th
October 1 – September 30	Final	February 28 th

3.0 Report Submission

3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.


3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at MDCH-MHSA-Contracts-MGMT@michigan.gov.

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: For the FY 10 second quarter FSR reporting package submitted from network180 for the State Services Utilization, Reconciliation & Cash Analysis report, the file name should read as **FY10 Q2 network180 FSRBUNDLE 05-30-2010**. Note: The State Services Utilization, Reconciliation & Cash Analysis report is part of the FSR Bundle file.

Refer to the Electronic Report Submission Guidelines for report submission specifications.

4.0 Report Specific Navigation or Terminology

	<p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH</p> <p style="text-align: center;"><i>MDCH /CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT</i></p>	ATTACHMENT
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The State Services Utilization, Reconciliation and Cash Analysis worksheet includes cell shading to assist the end user with completion of the form.

Report headers are shaded in light green.
Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are not shaded.

Select cells have conditional formatting applied so that if an erroneous entry is made the cell will turn orange.

Worksheet protection has been enabled.

Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

The term “Submission Type” on the worksheet refers to the reporting period, i.e., 2nd quarter, 3rd quarter, Interim, Final, Projection.

5.0 Instructions for Completion of the Report

The CMHSP name, Fiscal Year, Submission Type and Submission Date have been brought forward from the FSR –All Non Medicaid.

5.1 Section 1 – Days Of Care


The State Services Utilization, Reconciliation and Cash Analysis report will be used to settle the CMHSP liability for State Facility utilization. The State’s record of Days of Care will be utilized to calculate the settlement unless otherwise justified.

The number of days recorded on the MDCH Inpatient and Residential Services Fiscal Year-To-Date Management Report (report # 16007-01) are used to calculate the Contract authorization for State Facility usage. Therefore, these numbers will be utilized for settlement purposes, unless otherwise justified.

The column headings in Section 1 – Days of Care, include the Facility name and a space for the Facility rates for the Fiscal Year (FY) being settled. These Facility rates need to be entered and updated to the appropriate rates for the FY being settled. These rates will be used for the calculations in Section 1.a and 1.b.

The last column (Total) is formula driven and *represents the sum of all Facilities*.

Section 1.a – State Report 16007-01

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This section represents the days of care utilized and the associated cost as identified on the MDCH Inpatient and Residential Services Fiscal Year-To-Date Management Report.

Section 1.a.1 – Days of Care

Enter the Days of Care for each Facility from report 16007-01.

Section 1.a.2 – Billed Costs

This row represents the cost of care as identified on report 16007-01. The row is formula driven. The formula is *Days of Care (1.a.1) times the Facility Rate (identified in the column heading)*.

Section 1.b – CMHSP Reported

This section represents the days of care utilized and the associated cost as identified by the CMHSP.

Section 1.b.1 – Days of Care

Enter the CMHSP record of days of care for each Facility.

Section 1.b.2 – Billed Costs

This row represents the cost of care as identified by the CMHSP. The row is formula driven. The formula is *Days of Care (1.b.1) times the Facility Rate (identified in the column heading)*.

Section 1.c – Narrative of Variance(s)

An explanation of any variances between the CMHSP reported data and the State's report should be clarified / justified here.

5.2 Section 2 – Reconciliation to FSR

This section of the State Services Utilization, Reconciliation and Cash Analysis report reconciles the amount reported on line B.204 of the expenditure FSR to the actual State Facility cost

Section 2.a – FSR Expenditures (line B.204)


Enter the amount recorded on line B.204 of the expenditure FSR.

Section 2.b – Recognized State Facility Utilization Cost

This cell represents the total amount of billable State Facility utilization cost to the CMHSP. Enter the amount of total billable cost for the State Facility utilization for the reporting period.

Section 2.c – Variance

This cell is formula driven. The formula is *FSR Expenditures (Line B.204) (2.a) less Recognized State Facility Utilization cost (2.b)*.

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5.3 Section 3 – State Facility Authorization to Cost Comparison

This section of the State Services Utilization, Reconciliation and Cash Analysis report compares the State Facility authorization and, the recognized billable State Facility utilization cost..

Section 3.a – State Facility Authorization

Enter the CMHSP authorization for State Facility services.

Section 3.b – State Facility Authorization Surplus / (Shortfall) (3.a - 2.b - 2.d)

This cell represents the whether there was a surplus or shortfall of State Facility authorization when compared to the cost of State Facility utilization.. This cell is formula driven. The formula is *State Facility authorization (3.a) less recognized State Facility utilization cost (2.b)..*

5.4 Section 4 – State Facility Cash Analysis

This section summaries the cash settlement for State Facility. The column headings and instructions are as follows:

State Facility Cost – The column represents the total cost of billable State Facility utilization. The column has been formatted as a formula to pick up the total cost from the recognized State Facility utilization cost from Section 2.b of the State Services Utilization, Reconciliation and Cash Analysis report.

Payments Sent MDCH through 9/30 – Enter the amount of payments sent to the MDCH for services through 9/30 for State Facility billings. Do not include any payments for the local share of State Facility costs.

Payments Sent MDCH After 9/30 – Enter the amount of payments sent to the MDCH after 9/30 for services through 9/30 for State Facility billings. Do not include any payments for the local share of State Facility costs.

Total Payments Sent to MDCH – This column represents the total payments sent to MDCH. The column is formula driven. The formula is *Payments Sent MDCH through 9/30 plus Payments Sent MDCH after 9/30.*

Balance Due (MDCH) / CMHSP – This column represents the amount due MDCH for State Facility costs or the amount due the CMHSP for overpayment of State Facility costs. The column is formula driven. The formula is *Total Payments Sent to MDCH less the State Facility Cost.*